CASE WORK IN THE FIELD OF MENTAL HYGIENE

By Elnora E. Thomson,
Executive Secretary, Illinois Society for Mental Hygiene.

The attitude of mind of the social worker—perhaps especially in the field of mental hygiene—cannot be better stated than in the words of Dr. Meyer quoted by Miss Richmond: "A willingness to accept human nature and human doings as they are before rushing in with the superior knowledge of how they ought to be. The first need is to know *what* they are." The motto of every social worker and investigator should be that of Terence's Heauton Timorumenos: ". . . . One who investigates must be . . . . ready to accept . . . . anything human beings think, feel or do as not altogether strange to human nature: 'I am but human and I do not consider anything foreign to me'; it is at least worthy of human consideration."

This implies forbearance with the patient, the relatives, especially those by marriage, other agencies,—already wearied with much effort in the patient's behalf—the courts and the state officials. It implies also an ability to reflect the patient's point of view and not one's own, to report symptoms and to know facts. Above all it implies honesty and straightforwardness in dealing with all concerned.

Patients are referred to the mental hygiene social worker in many different ways: in person, through other agencies, through relatives, physicians, institutions, neighbors, courts, schools, etc. and always because of some form of unusual behavior which may manifest itself in an inability to adjust to surroundings, or to acquire knowledge, deep melancholy, addiction to drugs or to alcohol, unreliable or irrelevant statements, ideas of persecution, unusual demands, threats against individuals or groups, etc. It necessarily follows that any plan for investigation must be elastic to meet the demands of the individual case.

The first contact with the patient is often extremely difficult and the successful worker in this field must be resourceful and a responsive listener. Miss Richmond writes:

The important things in initial interview are privacy, absence of hurry, frequent change of topic with some deliberate padding to ease the strain, particularly "when irritation begins to adulterate the account," and yet through all a clear conception on the part of the interviewer that a certain goal must, if possible, be reached, and a slow, steady, gentle pressure toward that goal—this, in brief is our program. Giving the patient all the time he wants often leads to that fuller self-revelation which saves our time and his in the long run. Pressure of work! Lack of time! How many failures in treatment are excused by these two phrases! But wherever else the plea of lack of time may be valid, it is peculiarly inappropriate at this first stage, for no worker ever has leisure enough in which to retrieve the blunders that result inevitably from a bad beginning.

If the first interview is successful a friendly relation with the patient will have been established and can be maintained during the period necessary for further study before making a plan for examination and treatment for, unless this interview or the history obtained from other agencies has brought out symptoms which indicate that the patient is a definite menace to himself or the community, it is usually wise to delay a clinical examination until the social history is complete, for the recommendation of the specialist as to treatment whether institutional or otherwise is often dependent on the social history. In other words, a chronic mental case in which treatment is unlikely to be of benefit and only custodial care is required, is institutional or not according to the reaction to the hallucinations or delusions as shown by the social history. The modern clinician with his well developed social attitude is unwilling to make a recommendation without such history.

Thus the social service worker in the mental hygiene field must know the value of evidence. All the primary work must be for the purpose of the mental examination and must be truthful and exact. Curious experiences are often founded upon fact and must not be termed delusional until their unreasonableness is clearly established. Symptoms of physical disease must be noted and if indicated a thorough physical examination secured and the findings submitted with the social history at the time of the mental examination.

In the gathering of this history which must take into account both heredity and environment, the well trained worker knows the evils arising from too much questioning of the patient and avoids anything which simulates a mental examination. An indiscretion here may make more difficult the later examination and the treatment which is to follow, for an examination that does not lead to a

plan for treatment is of little value. A word here should be added against the very common practice of taking a patient from clinic to clinic. This is not only unprofessional on the part of the worker but often results disastrously for the patient, who soon loses confidence in both social workers and physicians and becomes an even more puzzling social problem.

Numerous difficulties, however, are likely to be encountered in efforts to work out plans for treatment. Frequent statements like the following will be given the worker: "This patient is not in need of institutional care but needs congenial work in a good environment with understanding direction." Practically the only way to meet the need of such patients is to establish, in connection with the field work, an occupational department where training and employment under skilled supervision can be provided. In establishing such a department the prime necessity is, of course, the director, who must be a well trained teacher who understands abnormal individuals and not only knows various handicrafts but can also teach her pupils to produce articles which have a sale value; for such a department will not be a success unless the patients have the incentive of economic return for their efforts while working in the department. The result hoped for is such a readjustment of the individual as shall later make possible positions in regular industrial lines. This will be possible in a considerable number of cases, but if this cannot be accomplished at least there will be brought out the reasons why the patient can not readjust and so make possible a working plan for continued treatment in or out of an institution.

Some patients can get on very well under such continued supervision as a department of occupation gives and can contribute largely to their own support while they would otherwise be entirely dependent. Another group of patients will be found, after a period spent in the department, to be a menace to themselves or to the community, and with the information gained in daily contact, commitment to a state hospital is made possible. Still other patients needing hospital care, who will not at first consider it, can later be induced to go as voluntary patients.

Then there is a group who are not a menace to themselves or the community, living in their own homes, chronic shut-ins, whose lives can be made much happier by occupations which can be taught

them by a field teacher; the economic return may be very little or nothing, but there is a distinct therapeutic effect which will at least make for less complicated family situations and certainly add to the sum total of human joy.

The following case histories taken from our records may serve to illustrate.

PROPHYLACTIC

In the fall of 1914, a Syrian, 30 years of age, came to the United States with his wife and children. He was unable to speak the English language and such friends as he had were unable in that time of financial depression to find any work for him. He had a little money which gradually disappeared. He had been trained to work in metals and had brought with him to this country a little stock of silver jewelry, thinking by the sale of this he could increase his capital, but he could not sell it because he knew of no market. He became more and more depressed and finally so deeply melancholy that his wife, fearing he would take his own life, appealed to some Syrians whom he knew. One of these Syrians was a patient of the Mental Hygiene Society and brought this man to the office. He was sent to a physician for physical and mental examination and returned with a statement that his melancholy was probably due to his inability to obtain employment and the prescription was work.

Work was provided for him in his own line in the occupational department. It was possible to find individuals interested in the silverware and some was sold almost immediately bringing in a little money; orders were secured and the man gradually came to look upon life from an entirely different viewpoint. During this time the statements made by the patient were verified and at the end of six week a position was found for him. Very shortly he was promoted and things have gone well with him ever since until now he is part owner of a prosperous grocery business in a neighboring city and is very sure that, but for the understanding aid given at his time of special stress, he would have taken his own life, for he was convinced that if he were out of the way his wife and children would be cared for by kindly disposed individuals, but that an able bodied man should be self-supporting.

VOLUNTARY

Patient referred by another agency in the following letter:

> We would like to refer to you the case of A. P., 17 years old, living at ———. There is a history of insanity in the family and one of the younger girls is very nervous. A. has lately developed a mania for cleaning everything around her.
>
> She had a position in an office but finally could not be persuaded to do anything but clean her desk, etc. and had to be dismissed. She does the same thing in her home and her mother feels she is getting worse. She is perfectly quiet so far.
>
> Will you kindly let us know what you can find out about her. Her sister, G., 13 years old, is one of our patients at one of the dispensaries.

A call was made at the home and an interview with the mother brought out the following facts:

Parents born in Germany, no relatives in America. Father, brilliant but very erratic, well-born but not in favor with his family. Had been addicted to the use of alcohol for a great many years. Four years before had deserted his wife and children. Mother, hard-working, plodding, of peasant parents, interested in her children, and anxious to do all she could for them. Mother stated patient had been very bright in school, stood at the head of her classes but was always inclined to be nervous. She left school when in the seventh grade at 14 years of age to go to work in order to help out the family income. At first she did piece work in a factory but it had seemed very hard for her and was given up when a position in an office was found. A few months previous to our worker's visit, a girl in this office had suffered from some eruption on her face and body. Patient worried a great deal about this and began constantly cleaning her desk and the things about her. Finally she had to leave her work and at home was always shaking and cleaning her clothes. She would sit in only one chair in the house which she frequently washed and would not allow any one to handle any of her things. She realized her own nervous condition, felt that she was growing worse and was anxious for treatment. Appeared to be very anemic and was extremely emotional.

An examination by a neurologist was arranged and he suggested sanitarium treatment. The parish priest was interested and the patient was sent for six weeks to a sanitarium for special treatment. At the end of that time she returned greatly improved and upon advice of the neurologist was given work in our occupational department. She was still somewhat emotional but was soon interested in the work. It was discovered that she had considerable artistic talent. This was developed and through the sale of baskets which she made and children's toys which she painted, she was able to earn from $7.00 to $9.00 a week. Improvement was gradual and treatment extended over a period of eight or nine months. At the end of that time, however, recovery seemed to be complete and the patient was able to return to her former position in an office where after two years she is still employed giving satisfaction and earning a good wage. In addition to this she is taking certain courses in an art school.

BORDERLINE

Referred by Bureau of Occupations where patient had gone frequently to secure employment. She was a woman 50 years of age, born in the United States, had received high school and normal school education and had followed the occupation of practical nurse. She was unmarried and a Protestant. When interviewed she was very nervous and excitable. It was discovered that her eyesight was considerably impaired but she refused to see an oculist. The landlady where she had lived for some time had found her very difficult and peculiar. She was in arrears some thirty or forty dollars for room rent but the landlady stated she was strictly honest and that if she secured employment would pay her debts but that she had been idle many months. She would not do nursing in a family where there was any house work and would not even take care of her own room.

It was the landlady's opinion that the patient was incapable and inefficient. It was found that she was making an effort to bring suit against an employment bureau for having referred her to a position as a domestic. Work at sealing and stamping envelopes was secured for her but her employers were unable to keep her as she was so extremely difficult. At our request she was examined by a neurologist who stated that she had decided defects and was a social problem but hardly an institutional case. He advised work in our occupational department. As it was extremely doubtful that her earnings would support her an interested relief agency coöperated with us in this experiment so that the patient would have an adequate income during the period. In the work in this department it was found that not only eye-sight but also hearing was defective and that she was utterly unable to adjust herself to any ordinary situation. She would make no attempt to do the work provided and was constantly complaining of work, teachers, other workers and food. She became very indignant when it was suggested that an examination of her eyes might make it possible for her to secure glasses which would make things easier for her. She was unwilling to take any type of work but that of companion to an elderly couple and unable to see that her special defects would make it impossible for her to get on in such a position. It was discovered that she was known to many physicians who all felt that she was not responsible, and finally she had become firmly convinced that her inability to get work was due to persecution. An old friend of her family was interviewed but stated that he was unable to do anything for her and could not put us in touch with anyone who would. He was quite sure her family history was negative. She had been in one of the city hospitals two years previous to this time as the result of an injury, had been very difficult and irritable and had been considered a mild mental case. Her eyes had been examined with diagnosis of cataract but she had indignantly left the hospital when an operation was suggested. Six years before she was in another hospital and in two different convalescent homes. In each instance she was reported erratic and difficult.

After several months of effort to adjust her to conditions some relatives were found living in Chicago but she would have nothing to do with them as she considered them her bitter enemies. Finally a position was found for her in a department store for the holiday season but she remained only one day as they put her in the toy section and she said she knew nothing about toys. Again she made many complaints in regard to the people with whom she worked, stating that she was the victim of a system of persecution in which she included a physician who had recently befriended her and all of the agencies with which she had any dealings as well as her relatives and other individuals. The matter was again taken up with the old friend of her family who still felt unable to do anything. Her physician, after this period of intensive study, felt justified in issuing a certificate stating mental illness and papers were taken out for commitment to the psychopathic hospital. When this was reported to the old friend of the family he was inclined to be indignant as he did not feel that she was insane and thought that some other provision should be made. Even the history which had been obtained covering nine years of inability to adjust to any sort of living conditions was not convincing to him. He was told that any arrangement he might make for her care which included the necessary financial aid and supervision would be satis-

factory and arrangements could be made to have her dismissed in the care of any one whom he would designate. At the end of a week the patient was dismissed in the care of a woman who had consented to room and board her, the old friend agreeing to supply the funds. This is probably only a temporary arrangement, but the fact is established that she is physically and mentally unable to be self-supporting and it may be reasonably expected that no further effort will be made in that direction in a community having a well organized confidential exchange.

DANGER TO SELF OR COMMUNITY

This case was referred to us by a legal society whose representative stated over the telephone that a patient was in their office much excited, declaring he could not hold a position because wherever he worked his enemies followed him and made his employers discharge him; that recently he had been in the Bridewell, having been sent there through the work of his enemies and no fault of his own. This patient reported at our office and proved to be an Egyptian, 30 years old, who had been in the United States eight years and who had for some years followed the occupation of ship steward or house man. He was able to make himself understood in many languages but unable to read or write, had never attended school and had no relatives in this country. He thought one sister still lived in Paris but had not heard from her for years. All of his other immediate relatives were dead, one brother having been killed in the Boer war. He had been naturalized while living in New York, had held positions in different cities of the United States and had apparently never stayed a great while in any one position but had been more than one year in Illinois. As he was out of a position and needed work, he was employed as janitor in our office while an investigation of his statements was being made. He was found to be a very good worker but inclined to be sullen and easily offended. The fact was brought out that he had been employed in one family in Chicago for six months. Numerous statements which he made in regard to this family were found to be without foundation, and as he was persuaded to talk more freely of his troubles it was discovered that he felt this family, particularly the mistress of the household, was responsible for all of his difficulties, and that he had made up his mind that it would be necessary to take her life if he was to have any more peace of mind.

With these facts established he was examined by a specialist who issued a certificate for his commitment to the psychopathic hospital where he was persuaded to go by one of our field workers. Later he was committed to a state hospital for the insane, where he is now under care and treatment.

AFTER CARE

This was a young woman, 37 years of age, born in the United States, who had a high school education. Her history was one of considerable instability during her childhood and early womanhood and she was committed to the state hospital in maniac state. Paroled during the first year of hospital residence, she was returned within a few weeks in a highly excited condition and had been in the hospital ten years with no history of any mental abnormality after the first year. She was very agreeable, anxious to be helpful and did excellent needle work. Her relatives

were persuaded to give her a trial outside of the institution when given assurance that they could have the help of a specially trained social worker. She was furnished employment in needle work and later was given training in certain special classes in work for which she seemed to have a liking. At first frequent visits were made to both relatives and patient in order to reassure them. The patient has had no recurrence of her mental difficulty and has been self-supporting for the past six years except during two very severe physical illnesses during which time she was cared for in a general hospital. Both relatives and patient have relied for advice upon the social service worker.

Case work in mental hygiene, then, is of benefit to the individual and, in coöperation with other agencies, to the family and to the community. But it has another and even more far-reaching function—for the records honestly made with proper regard for "the value of evidence" are an important contribution to the research worker in the mental field where so much still remains to be ascertained as to the causes of certain forms of mental disease and methods for prevention.